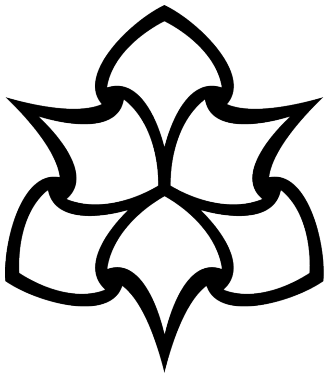

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The impact of the early phase of the COVID-19 pandemic on mental-health services in Europe

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Summary

The current COVID-19 pandemic confronts psychiatric patients and mental health services with unique and severe challenges. In order to identify these trans-national challenges across Europe, an *ad-hoc* survey was conducted among 23 experts, each answering for one European or aligned country. A number of important themes and issues were raised for the impact of COVID-19 on mental health and mental health services, barriers to service provision and future consequences. A number of key issues were reported by colleagues across several jurisdictions, even though these were at different stages of their national epidemics. Based on these findings, we articulate some important learnings from the early stages of the COVID-19 European pandemic, and highlight key considerations for all countries' mental health services as the current pandemic develops and for future pandemics.

Keywords:

COVID-19; SARS-CoV-2;mental health; mental health services; psychiatry

Introduction

The COVID-19 pandemic originated in the City of Wuhan (Hubei province, China), where the first patients were identified in December 2019. About 10% of identified cases develop a severe acute respiratory syndrome with possible lethal outcome. At the time of writing (7th May 2020), there were 3,754,650 confirmed cases worldwide and 263,983 deaths according to the publicly accessible map of the Coronavirus Resource Center of the Johns Hopkins University website (1). In Europe the impact of the early phase of the COVID-19 pandemic were asymmetric, with Spain, Italy, United Kingdom and France as well as the Germany, Russia, Turkey, Belgium and The Netherlands being the main early epicentres of the pandemic during spring 2020, while Eastern Europe and some Scandinavian countries were less severely affected. However, Europe was the most heavily affected area in the world at this time, with case numbers and fatalities outstripping those in the USA and in China.

Radical, society-wide non-pharmaceutical steps and public health measures were implemented as part of state-of-emergency measures adopted by national authorities in order to reduce personal contacts to control the spread of the causative SARS-CoV2 virus (2). These measures include social/physical distancing, isolation/quarantine of identified cases, closure of borders and travel bans, "lockdowns", curfews, closure of non-essential commercial sites and discontinuation of in-person educational services (kindergartens, schools and universities). The purpose of these measures is to dampen exponential increases in infections and mitigate against the potential for severe shortage of intensive-care beds and respiratory support for the most severely ill COVID-19 patients. There is concern over lack of coordinated whole-of-society measures and decision-making processes across European nations, and the potential for such to lead to impaired efficacy of epidemic mitigation and suppression policies (European Commission, 2020; https://ec.europa.eu/ireland/news/summary-of-the-european-commission-s-response-to-corona-virus-covid-19-crisis-to-date_en). There are also concerns around longer term threats and damages, including the economic impact and impacts on health systems not directly linked to COVID-19 (3,4).

In this exceptional situation, both the World Health Organization (WHO) and the World Psychiatric Association (WPA) recognize the essential role of psychiatry during this crisis (5,6). Mental-health services are confronted with fundamental challenges (7-10). The primary risks are that psychiatric services become both overlooked and overwhelmed during and especially after these times of unprecedented crisis. At the same time, social distancing measures and COVID-19-related distress will lead to significant increases in demand for mental health services. Psychiatrists and related professionals (including therapists, nurses, community workers and GPs with specialty in mental health) have the duty of defending the urgent and essential mental health needs of their patients and the general population. In doing so, they can make important contributions to overcoming the pandemic by supporting other medical disciplines and lessening the psychological impact of COVID-19. In some countries, psychiatrists also have had to work additionally (and sometimes primarily) at COVID-19 services.

In order to gain an immediate overview of the initial impact of COVID-19 on Mental Health Services in Europe, we convened an *ad-hoc* group of authors working in mental health who were willing to contribute to this paper by describing the situation in their home countries. The result of this collaborative effort is described in this report and offers an important pan-European snapshot of mental health services during the early phase of the European COVID-19 epidemic. We believe that such timely information can be of use in understanding the sudden and immediate impacts of pandemics of infectious diseases on mental health services, and may aid in the formulation of service plans both for the duration of the current COVID-19 emergency and for future similar events.

Methods

In order to elicit timely feedback, a group of experts was selected according to the following principles:

- The expert works in the field of adult mental health /psychiatry (e.g. as a psychiatrist, psychologist, nurse, researcher) or has sufficient insight into these services (e.g. as an academic collaborating with clinicians and special interest in psychiatric services).
- The expert feels comfortable to comment on the situation in his/her country in general (i.e. beyond the situation of his/her institution).
- The expert is willing to answer within a short time frame of three days.

Experts were recruited using 'snow balling techniques' through existing collaborative networks, including TuTo project (http://www.tuto.network), VETmh TuTo Erasmus+ project 2018/2021, IT4Anxiety (https://www.nweurope.eu/projects/project-search/it4anxiety-managing-anxiety-via-innovative-technologies-for-better-mental-health/) and other European research and innovation projects (11). On average experts were 57 years old and had been in relevant fields for 15 years or longer. All had higher academic degrees (11 MD, 6 PhD, 6 MA), and there was an equal gender distribution (12 f, 11 m). Of the respondents, 10 were psychiatrists, 4 were specialists in psychiatric nursing, 6 were psychologists and 2 were allied health professionals working in mental health.

We used a twofold process to choose the questions. Firstly, we reviewed research papers published by several psychiatric teams (mainly from China) from the earliest phase of the pandemic to identify key themes and challenges that were likely to be relevant for Europe. Secondly, based on the Chinese experience, we assembled a shortlist of questions addressing the impact of the COVID-19 outbreak on the mental health services, the support requested and received, the safety of the workforce, the possibility of research and funding. The first draft of questionnaire was then triaged and further refined by the lead authors. We received comments and corrections and, after a consensus discussion, we finalized the questionnaire layout. The experts were chosen carefully, taking into account their wide overview of the country's situation regarding COVID-19 and mental health services. The experts possess fundamental knowledge in the psychiatry and other mental health fields, and most of them are in routine clinical practice. We then sent a private link directly by email to the coauthors with an introduction to the survey consisting of a single set of dichotomous and open questions (annex 1), and set a short deadline for answering the questionnaire, followed up with a number of reminders. The survey was circulated in late March 2020, and remained open until the second week of April 2020. After receipt of the responses, results were tabulated and then narratively synthesized, and draft versions of this paper sent to all authors twice for comment and refinement.

In order to enable a timely overview of the situation, the following limitations were explicitly accepted:

- Heterogeneous professional background of the experts;
- Subjective analysis as the situation in each country was reported by only one expert, based on his/her personal impression;
- Lack of representation of countries to which no previous links were established;
- Dynamic nature of the impacts of the pandemic.
- The ratings of the impacts of COVID-19 on services was inherently subjective; we did not seek to standardize or precisely define terms such as "mild", "moderate" or "severe".
- The study provides a "snapshot" from the early phase of the pandemic, and is not intended as a systematic overview or audit of COVID-19 impacts on mental health services in Europe.
- The focus of the study was on the provision of adult mental health services as reflected in the composition of the expert panel and the services that they represented.

In total, 23 experts participated from the following European and aligned countries: Belgium, Czech Republic, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Russia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom.

Results

Current Impacts of COVID-19 on Mental Health Services

All but one contributor reported that the COVID-19 pandemic had affected mental-health services in their countries. 61% felt that this impact was severe, 26% that it was moderate and 13% rated the impact as mild. In some countries, mental-health systems were already stretched before the COVID-19 crisis or had undergone recent reforms which reportedly lessened their resilience in the face of the challenge of COVID-19. Respondents reported treating increased numbers of patients and additional requests for the provision of psychological support to frontline staff treating COVID-19 patients.

In some countries (e.g. Iceland, Italy, The Netherlands, Romania, Spain, UK) the threshold for admission to mental health services was increased, while at the same time services provided within the institutions were reduced. Several respondents reported that mental health services were reacting to the crisis with the discontinuation of outpatient clinics and an increased focus on inpatient treatment of emergency cases. Where in-patient mental health services were continuing, it was noted that patients were not attending psychiatric hospitals for fear of possible transmission and infection. Some mental-health workers were afraid to go to work for similar reasons. In some countries access to mental health services was reported to be severely restricted due to the COVID-19 measures. In some instances, treatment of psychiatric patients has been largely discontinued, leading to patients being at home with their families, resulting in severe concerns for their wellbeing. Telepsychiatry and other digital technologies were reported to be increasingly used in order to reduce infection risks though direct contacts replacing face-to-face contacts. However, some patients were not able or willing to use such technology to connect with mental health services. In some countries, the digital and communications infrastructure was under severe pressure due to increased general demand, so that patients could not easily reach their psychiatrists via these channels.

Problems regarding access to somatic services by psychiatric patients were reported; hospitals had been re-organised in order to prepare for the "surge" of COVID-19 patients requiring intensive care, and as a consequence mobility within healthcare systems had been considerably reduced in general. There was concern that physical healthcare was being prioritized at the expense of mental healthcare. There were concerns reported over lack of personal protective equipment (PPE) available to mental health staff. There were further reports of a reduced number of mental-health workers resulting from COVID-19 or related quarantine measures. Important concerns were noted for an urgent need for better cooperation between (mental) health services, political systems and the economy. The potential for subsequent epidemic waves and the resultant uncertainty and impaired ability to plan were considered major problems. Some respondents reported that the reactions towards stress-related disorders in the population in general, and in front-line workers especially, were not sufficiently addressed in national policies.

Impacts of COVID-19 on Mental Health

Increased levels of anxiety were broadly reported, as was the potential for negative impacts on mental health wellbeing due to COVID-19 measures such as social distancing, isolation and curfews which are likely to lead to elevated stress levels, depression, domestic violence and suicide. Similar concerns were expressed regarding the socioeconomic impacts of COVID-19 containment measures. Mental-health services were reported to be increasingly encountering patients with strong fear of being infected (in the absence of any COVID-19 symptoms or other reasons to suspect COVID-19), as presenting through more frequent nosophobia, pathophobia and hyponchondria. These heightened threat responses were reported to be linked to deteriorations of pre-existing conditions such as depression, obsessive behaviour and an abnormal degree of vigilance in preventing any possibility of contamination. Increases in panic attacks and obsessions (e.g. cleaning and contamination) were also observed. More severe symptoms at presentation and increased rates of re-admission were also noted, as were concerns that patients with chronic mental health conditions were experiencing deterioration of their symptoms and increased distress.

A concern was expressed that some of the societal measures to combat COVID-19 were counterproductive in the context of mental health (e.g. leading to isolation rather than improvement of social contacts). Potential for

increased numbers of traumatic disorders and mood disorders as well as psychotic decompensation due to lock downs was reported. The possibility was raised that lockdowns may disrupt circadian rhythms and sleep patterns, resulting from underexposure to sunlight and overdependence on to artificial light, reduced opportunities for physical activity and changes in meal times, and that such effects could exacerbate pre-existing psychiatric conditions (12). Concerns were noted concerning increased stigmatization of psychiatric patients, especially those who test positive for COVID-19 and are referred to special centres for such patients (as has been happening in some of the respondents' countries). Furthermore, there were more patients with mental health problems due to experiencing the death of a family member caused by COVID-19. One colleague reported experiencing more aggressive patients because they could no longer cope with COVID-19 related restrictions. One expert criticized the "overflow" of information and its negative impact on mental health. An increased number of health-service workers presenting with symptoms of burnout was also noted.

Barriers to Mental Health Service Provision During COVID-19

61% of the experts felt that they were not sufficiently prepared for the present situation, whereas 39% felt that they were adequately prepared. Some of the most urgent concerns were the lack of modern digital technology and infrastructure (eMental Health, telepsychiatry) and the lack of training in using them. As noted earlier, lack of appropriate and effective PPE for mental health workers and the potential consequences for their patients was a major concern. Further, a lack of, or insufficient engagement and cooperation, coordination and communication with infection-control services was another problem reported in some countries. There were particular concerns regarding infection control and high-risk patients in old-age psychiatry and residential nursing homes, as well as the inability of some psychiatric patients to understand the necessity of infection control measures. Lack of time and resources that could be given to infection control was a general concern broadly expressed.

Experts expressed considerable alarm about a profound lack of understanding of the vulnerability of psychiatric patients outside of the mental-health services. The majority of experts polled identified lack of coordination between mental health services and other branches of the health and social care systems as a problem in several countries, although 10/23 of the experts reported good or sufficient interactions with other services. Some colleagues were concerned about reimbursement issues and the role of insurance companies which might deny funding for new approaches, such as telepsychiatry and as such act as a hindrance to the provision of effective and much-needed services.

Future Impacts of COVID-19 on Mental Health Services

The majority of experts (91%) expected an increased demand for psychiatric services following the current COVID-19 pandemic peak. The increased demand for mental health services may arise from the following reported factors: fear, panic attacks, obsessions, anxiety, depression and stress; increased demand for telepsychiatry; increased mental health problems in medical staff treating COVID-19; negative impact of restriction measures on mental health; unexpected and untimely deaths in families; more patients presenting with traumatic disorders; increased need for counselling of younger people (e.g. students); "hypochondriac" reactions; deterioration of symptoms in chronic patients; mental health problems in older adults and those with severe physical morbidities; deterioration of the social system, including economic crises and rising unemployment. Of particular concern beyond the initial phase of the pandemic are the very significant challenges presented to older adults in residential care and disability services, including the psychological impacts of the very high mortality rates reported in such settings, the impacts of deprivation of visits from friends and family, and limited opportunities to go outside. These significant concerns are amplified for older adults with dementia in residential care, or those with dementia and high support needs living at home with care-givers who themselves may be subject to significant COVID-19-related distress.

Regarding the support needed to face this increased demand on mental-health services, the respondents answered in a surprisingly uniform way, with adequate PPE and psychological support identified as primary requirements (18 out of 23 experts reported that mental health workers were not adequately protected against infection). Further, provision of digital equipment for remote therapy was identified as an urgent need. Better organizational structure and leadership were mentioned several times. Lack of resources was a general worry as was the need

for treatment schemes for psychiatric patients who had been diagnosed with COVID-19. Experts in general feared that psychiatry would continue to be "sidelined" as an unintended consequence of the focus on public health and virology.

The current and prospective situation in individual countries diverged according to the accounts of the experts. In Eastern European and Scandinavian countries, experts mostly reported not being strongly affected at present, although there were significant concerns regarding future impacts as the local epidemics develop. Several experts described this situation as being characterised by uncertainty and increased anxiety. For the countries most severely impacted by COVID-19 at the time of the survey, such as Italy and Spain, it was reported that early in the epidemic the situation for mental health services was extremely difficult, that the system seemed to be overwhelmed and that some services had to close due to a lack of coordination. However, structures have now been put in place in order to enable the treatment of patients with severe mental disorders and services have also been re-structured in order to guarantee the treatment of psychiatric patients diagnosed with COVID-19. Many experts noted the direct impact of "lockdown" measures on mental health service provision, an area of potential future concern should such measures be implemented over extended periods.

When considering current and future impacts of COVID-19 on mental health services it is important to consider that scientific understanding of both the SARS-CoV2 virus and the disease it causes are continuing to develop at pace from a standing start. As key facets crystalize, such as routes of transmission, the infection-fatality ratio, the roles of co-morbidities and socioeconomic factors in moderating COVID-19 risk, and the effectiveness of specific mitigation measures, then the impact of both the disease and resulting mitigation measures on mental health and mental health services may become more focused and refined. Clear scientific evaluation of the impact of COVID-19 on mental health through high quality research will be vital as well in allowing mental health services to best service the needs of society.

All experts are involved in active research, and 61% reported that the COVID-19 crisis affected their research work and funding. Only 4% of respondents had received funding for COVID-19 research, suggesting that psychiatric research in the initial phases of this pandemic is underfunded/underprioritised, despite the potentially severe consequences of the pandemic on mental health.

Recommendations for Colleagues Working in Mental Health in Countries not yet impacted by COVID-19 as of April 2020.

When experts were asked about recommendations for colleagues working in countries which were not (yet) affected by COVID-19, the following responses were received:

- Initiate prospective and pro-active measures; it is difficult to deal with organization and structuring during the crisis.
- To be careful in how the age-related nature of COVID-19 risk is communicated so as to avoid unintentional ageist language and not to contribute to the stigmatization of older adults during the pandemic. Indeed, communication should be focused on "positive" pro-active steps and actions for older adults (such as the wearing of masks and allocation of protected time slots in public amenities and supermarkets), rather than on prohibitive and disempowering steps such as home-confinement and restriction of visits (13).
- Promote physical and mental health strategies to increase stress resistance and resilience in the general population (14).
- Engage in information campaigns and public education, partly through selective and targeted use of social media in order to disseminate useful and accurate information.
- Promote self-care for mental health professionals in order to be better able to care for patients.
- Use existing evidence-based eMental health interventions for treating patients online.
- Comply with the general hygiene recommendations.
- Stay in touch with colleagues and support each other.
- Protect staff and patients, focus on higher risk areas such as old-age psychiatry and residential facilities.
- Listen to the scientific community and educate yourself.
- Set up specialist groups.

- Prioritise professionalism and empathy.
- Prepare for the time after the crisis.

Discussion

In general, the role and structures of psychiatry and mental-health services are generally under-researched and not very clearly defined. Against this background, the COVID-19 pandemic has demonstrated within a very short time the profound impact of a severe public-health event on mental health, and the important function of mental-health workers and psychiatric institutions during such an event. It is notable that COVID-19 appears to be providing impetus for some important consideration of the shape and purpose of mental health services, and a number of studies focusing on these issues have been published recently (15-23).

In this context, three main areas can be identified: (i) the mental-health consequences of both the pandemic and measures taken to counteract it, including psychological consequences of social isolation and the economic downturn, and stress-impact on health workers involved in treating COVID-19 patients (24-26); (ii) The treatment of psychiatric patients during the event including the question how to protect SARS-CoV-2 negative patients and maintain high-quality treatment for SARS-CoV-2 positive patients with psychiatric disorders (27, 28); (iii) the safety and protection of mental-health workers and the maintenance and perpetuation of psychiatric services during a time when most focus is given to an infectious health hazard, possibly requiring some re-structuring and implementation of new service-delivery techniques (23,29,30).

As pandemics by definition involve trans-national spread, it is imperative that responses to this event take an international perspective. While a plethora of national measures have been taken, the aim of this project was to provide an urgently needed overview of psychiatry and mental health services across Europe during the early phase of the first COVID-19 wave. By doing so, we have been able to identify different experiences and measures taken in 23 countries covering primary, secondary mental health care settings as well as public health and psychiatric research. Interestingly, the results suggest that while there are country-specific issues, many of the main challenges each nation has to face are surprisingly similar (e.g. scarcity of personal protective equipment (PPE), neglect of psychiatric issues compared to the present primate of virology, interferences with existing forms of service delivery, need for modernization and use of modern media etc.). Such commonality of concerns highlights areas that may be prioritized in any international coordination programme of the current or future pandemic responses across Europe.

In order to provide such insights in a timely manner, this analysis was conducted by restricting the number of contributors to one expert per country, which naturally means that the opinions presented in this paper should not be considered systematic or comprehensive. Nevertheless, it was possible to obtain a "snapshot" of the present situation across 23 European countries, which represents an important strength of the study. The nature of the "snapshot" is that the impacts of COVID-19 described are as perceived by the respondents, and there may be an element of subjectivity in these assessments. Further, these perceptions of the impacts of COVID-19 may be shaped by the local experiences of the respondents, which may not be nationally-representative given that the impacts of COVID-19 have been strongly regional within some European countries. Another limitation is that not all European countries were included (e.g. Hungary, Belarus, the Baltic states, several Balkan countries). Although a rich diverse group of European health systems are represented in this study, a selection bias might have occurred leading to selective reporting; this is reflected in the focus of the panel of the included experts being mostly on adult services, and as such important considerations relating to services for younger people may have been missed. Another important consideration is that different countries were at different points in the pandemic; whilst countries such as France, Italy and Spain have been severely impacted, although with intra-national regionality, by COVID-19, Eastern European countries have to date been less experienced significantly lower COVID-19 disease burden. Further, the nature and timing of whole-of-society disease mitigation measures has varied considerably across countries, and as such the mental health impacts may vary in nature and intensity accordingly. Nevertheless, it was possible to identify from the current survey in addition to the extant literature several learnings with which mental health services may respond to challenges with which they are confronted during the COVID-19 pandemic and in the early phase of any future pandemics:

1) Access to psychiatric diagnosis and treatment needs to be maintained despite the increasingly difficult circumstances. Evidence-based eMental health services might prove useful and should be exploited as much as possible for suitable patient groups.
2) Psychiatric patients must be supported in adhering to all necessary measures introduced in order to contain the spread of the dangerous infectious disease. Many patients suffering from mental disorders are much less able to protect themselves from infectious diseases and also often show a generally lower level of physical health, and as such special supportive procedures should be developed and implemented.
3) Mental health services need to be available for patients who tested positive for SARS-CoV-2. Different treatment pathways need to be developed for patients with and without respiratory symptoms with clear rules when a psychiatric patient needs to be transferred to pulmonary services and how to deal with patients who can remain in psychiatric clinics (necessary isolation, protection of staff, possible need of establishing a specific psychiatric ward for SARS-CoV-2 positive patients).
4) For psychiatric patients being treated on pulmonary or intensive-care wards, functional liaison-psychiatric services need to be provided and possibly intensified for maintaining mental health support for patients with both somatic and psychiatric symptoms.
5) It is also important to take measures in order to protect especially vulnerable psychiatric patients, such as those being treated in old-age psychiatry, as older individuals are at a significant higher risk to develop severe symptoms when infected with COVID-19. There is a considerable risk that insufficient and inadequate attention is given to this specific and vulnerable group of patients as experiences from China indicate (31).
6) Mental health staff needs to be educated about and trained in dealing with infectious diseases and the optimal use of PPE, an area in which they typically possess limited expertise and experience. Innovation projects, for example in the form of tutoring, are needed in Europe (32). It is important to consider the effects which economic or structural crises have on training content, entry into employment and qualifications (11).
7) Mental-health workers should be protected from the risk of infection. Here, an increased use of electronic devices enabling telepsychiatry (e.g. for distant evaluation and treatment) can play a major role, as will the appropriate use of PPE.
8) Information and communications technology (ICT) can be an innovative way of maintaining social contacts despite physical distancing. At the same time, it is important to understand that ICT as a relevant tool cannot necessarily be adapted to everyone, e.g. to some individuals of the older population (although it has been shown that within this generation, many are able to learn to use modern technology and greatly benefit from it). In such cases, alternatives need to be developed (e.g. safe "real-world" meeting places using protective plexiglas barriers).
9) Specific services might be discontinued such as day-care clinics. In such cases, patients need to be triaged for inpatient or outpatient care. At the same time, such inpatient and outpatient services become essential and need to be prepared for increased service requests due to the shutdown of other services.
10) Psychiatric clinics also have the duty of providing service to health-care workers involved in the battle against COVID-19 and who develop secondary psychiatric symptoms such as stress-related disorders or symptoms of anxiety or panic (33).
11) Psychiatric services need to be available to individuals who develop mental-health symptoms due to restrictions and/or stressors imposed onto them by the severe public-health interventions impacting on their daily life (34).
12) There is a considerable risk that the need for psychiatric services will significantly increase at a time when services themselves are under immense stress due to staff-shortages which can be anticipated because increasingly mental-health workers will be affected by COVID-19 (e.g. quarantine, hospitalization etc.). For such predictable situation, emergency planning beforehand is essential. Most likely, existing forms of service provision need to be restructured in order to appropriately respond to the needs in this specific emergency situation.
13) Mental health workers need to liaise with decision-makers in order to make sure that the special needs of patients suffering from mental disorders are taken into account when emergency measures are implemented.

14) In addition to online psychological counselling services, digital psychiatry also allows for online mental health surveys and online mental health education (35). Such research is essential to learn from the present crisis for future events. Thus, it is imperative that mental health research is protected and that COVID-19 and pandemic specific research in psychiatry is funded (36).
15) At the same time, the social impact and the ethical implications of pandemics such as COVID-19 needs to be assessed, its research supported, and the implementation of research results and consequent recommendations facilitated. "Pandethics" has been identified as an essential area which focuses on a wide range of medical, social, mental, legal and ethical consequences of pandemics (37,38).
16) More national and trans-national systematic studies of mental health services and the impacts on the same of COVID-19 should be initiated, leading to the formulation of SMART recommendations for each country.

While many of the challenges discussed above are in the process of being addressed on a general or global level, specific solutions need to be developed on a national and regional level taking into account the specific service structures, funding systems, and policy frameworks in each area (e.g. availability or lack of inpatient facilities, role of community psychiatry, implementation of telepsychiatry). In any case, our hope is that, without neglecting existing heterogeneity and given the common threat of COVID-19, it will be possible to implement common solutions within the context of the European frame.

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ANNEX I

Psychiatry and the COVID-19 outbreak - A European initial assessment by the TuTo+ programme. March 2020.

The COVID-19 outbreak has a strong impact on mental-health services and requires adjustments in the practice of psychiatry and mental health professionals.

We invite you to participate in a preliminary paper in which we plan to describe the first impacts of the crisis across Europe. We do so by using the framework of the TuTo+ programme and additionally inviting further colleagues.

We would be very thankful if you agreed to participate in this paper as a co-author.

In order to be able to compose a manuscript, we need you to complete this brief questionnaire. We then will put your responses together in an amalgamated paper of which you will be co-author.

Thank you very much for your participation.

1. **Do you think mental-health services have been affected by the COVID-19 pandemic.**
   - ☐ Yes
   - ☐ No

   If yes, please describe in what way.

   _____

2. **Please estimate the strength of impact.**
   - ☐ None
   - ☐ Mild
   - ☐ Moderate
   - ☐ Severe

3. **Do you feel prepared for working under these conditions?**
   - ☐ Yes
   - ☐ No

   If not, what are your most urgent concerns?

   _____

4. **Do you anticipate more requests for mental-health support in your country?**
   - ☐ Yes
   - ☐ No

   If yes, why and which?

   _____

5. **What support would you need?**

_____

6. **Do you feel that psychiatry and mental-health workers are safe?**

_____

7. **Please describe your service's current interaction with other medical services.**

_____

8. **Please describe the present interaction with other public services.**

_____

9. **Please describe the general situation in your country with special reference to psychiatry and mental-health in the context of COVID-19.**

_____

10. **What would you recommend to colleagues who are in areas not (yet) affected?**

_____

11. **Is your research or funding affected by the COVID 19 pandemic?**

_____

12. **Did you receive funding for COVID 19 research?**
    - ☐ Yes
    - ☐ No

13. **In which country do you work?**

_____

14. **What is your job?**

_____

15. **In which type of mental-health facilities do you work?**

_____

16. **Please let us know any additional information you find important.**

_____